

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2001 FOREST AVENUE		
(c) City, State and ZIP Code DES MOINES IA 50311		3. FEC Identification Number <div><div>C</div><div>C90013897</div></div>
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report ☒ 24-Hour Report

☐ October 15 Quarterly Report ☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on / /

5. COVERING PERIOD:

FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

[Electronically Filed]

Matthew Covington

Matthew Covington

01/14/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Matthew Covington

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 13 / 2016

Mailing Address 2001 Forest Ave

Amount

474.83

City State Zip Code

Des Moines IA 50311

Transaction ID : F57.000001

Purpose of Expenditure
staff timeCategory/
TypeOffice Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 474.83Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Emily Harmon

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 13 / 2016

Mailing Address 2001 Forest Ave

Amount

288.07

City State Zip Code

Des Moines IA 50311

Transaction ID : F57.000002

Purpose of Expenditure
staff timeCategory/
TypeOffice Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 726.90Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Bridget Fagan-Reidburn

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 13 / 2016

Mailing Address 2001 Forest Ave

Amount

140.14

City State Zip Code

Des Moines IA 50311

Transaction ID : F57.000003

Purpose of Expenditure
staff timeCategory/
TypeOffice Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 903.04Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... 903.04

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Nathan Malachowski

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 13 / 2016

Mailing Address 2001 Forest Ave

Amount

279.00

Transaction ID : F57.000004

Purpose of Expenditure
staff timeCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

1182.04

Disbursement For:
2016☒

Primary

☐

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Katie Bryan

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 13 / 2016

Mailing Address 2001 Forest Ave

Amount

352.04

Transaction ID : F57.000005

Purpose of Expenditure
staff timeCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

1534.08

Disbursement For:
2016☒

Primary

☐

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Adam Mason

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 13 / 2016

Mailing Address 2001 Forest Ave

Amount

114.75

Transaction ID : F57.000006

Purpose of Expenditure
staff timeCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

1648.83

Disbursement For:
2016☒

Primary

☐

General

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

745.79

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Hugh Espey

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 13 / 2016

Mailing Address 2001 Forest Ave

Amount

389.66

City State Zip Code
Des Moines IA 50311

Transaction ID : F57.000007

Purpose of Expenditure
staff timeCategory/
TypeOffice Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2038.49Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Robert A Lee Community Recreation Center

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 13 / 2016

Mailing Address 220 S Gilbert

Amount

160.00

City State Zip Code
Iowa City IA 52240

Transaction ID : F57.000008

Purpose of Expenditure
rental space for eventCategory/
TypeOffice Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2198.49Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

US Post Office

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 13 / 2016

Mailing Address 2323 Forest Ave

Amount

6.56

City State Zip Code
Des Moines IA 50311

Transaction ID : F57.000009

Purpose of Expenditure
mailing materialsCategory/
TypeOffice Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2205.05Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... 556.22

(b) SUBTOTAL of Unitemized Independent Expenditures 0.00

(c) TOTAL Independent Expenditures..... 2205.05
(carry total from last page forward to Line 7)